VERMONT
DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH UPDATE
December 3, 2008

Pieces Of History In Vermont Mental Health

The "Pieces of History" series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care, thus, connecting our past to the present.

1955 *The Vermont Story* --- An innovative program at VSH, directed by George Brooks, M.D., was a comprehensive program of psychosocial rehabilitation, which included occupational and recreational group therapy, peer support, skill development and rebuilding confidence. Other important aspects of the program were making the surroundings at the hospital as homelike as possible, and an emphasis on employment in the local community. Program participants had opportunities to move from open rehabilitation wards to ground privileges to town privileges to one of three rehabilitation houses in the community. The faith and optimism of Dr. Brooks and his team infused the project and the patients. First signs of success were evident within months as patients became well enough to leave the hospital and live in the community. Among this group of individuals, for whom there was little hope of recovery just a few years before, 62-68 percent experienced considerable improvement from their original condition or full recovery thirty years later. Almost half of those in Dr. Brooks' program no longer had signs or symptoms of any mental illness. These are findings of a 32-year longitudinal study of the original group conducted by Dr. Courtenay Harding. This program at VSH in the 1950's gave patients, many for the first time, reason to hope that there was a place for them in the community. Dr. Brooks' policy shift from inpatient to community, helped make Vermont a leader in psychiatric rehabilitation.

ADULT MENTAL HEALTH

Grant Proposal Not Funded

The Department of Mental Health received notice from Dr. Sam Tsembelis that our joint application prepared for the Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who Are Homeless made the first round cut for funding. However, SAMHSA ultimately declined to fund the two million dollar application that would have developed the first Rural Housing model with an Act Team approach. Dr. Tsembelis, Director of Pathways to Housing in New York, who developed the original Housing First model, indicated that he is still committed to the State of Vermont when it comes to crafting a Rural Housing First model. We look forward to submitting a future joint application with Dr. Tsembalis during the next cycle of SAMHSA funded grants.

Vermont Council and Psychiatric Survivors Co-Host Statewide Meeting
The Vermont Council of Developmental and Mental Health Services and Vermont Psychiatric Survivors are co-hosting a statewide meeting with local and state Program Standing Committees for Adult Mental Health and community members this Friday December 5th, 10am – 3pm, at Central Vermont Chamber of Commerce in Berlin.

The two main agenda items are 1) a discussion of the state budget rescissions: the potential impact on services and the priorities we want to protect; 2) review and feedback on the Adult Mental Health Care Management Initiative.

All are welcome to attend.

CHILDREN'S MENTAL HEALTH

Achenbach Training
The first of two trainings on the Achenbach System of Empirically-Based Assessment (ASEBA) Web-Link was conducted in November at United Counseling Services (UCS). The Department of Mental Health is piloting the use of WebLink with the Children's Programs at two Designated Agencies, UCS and Northwestern Counseling & Support Services (NCSS). WebLink is a secure internet system for entry and scoring of the ASEBA forms. Masha Ivanova, Research Assistant Professor at UVM's Department of Psychiatry, presented an overview of the clinical interpretation and practical applications of the ASEBA tools. The group was trained on the use and navigation of WebLink. UCS will begin electronically entering and scoring their ASEBA forms in several children's programs with the intent to eventually use WebLink to complete the forms for all children served at UCS. The pilot training for NCSS will occur later in December. Once the two pilot sites have established effective processes for use of WebLink, the Department of Mental Health will roll out the use of WebLink to the other Designated and Special Service Agencies' Children's Programs. This coordinated effort is intended to support the Children's Mental Health providers in using evidence-based assessment tools as a component of clinical assessment and outcome measurement.

Workgroup on Psychotropic Medications for Children and Adolescents
In early 2008 the senior leadership of the Department of Mental Health (DMH) and a team from the VT Department of Health's (VDH) Health Statistics unit began a review of the use of psychotropic medications in Vermont. This review was able to start with information first produced by the predecessor of DMH, the Department of Developmental and Mental Health Services in 1997, and since then has begun to incorporate current information on the prescribing and use of these medications. Concurrent with this effort both the Vermont Association for Mental Health and the Vermont Federation of Families for Children's Mental Health have voiced concerns about the prescribed use of psychotropic medications with Vermont's children and adolescents. In May of 2008 with the support of the Secretary of The Agency of Human Services DMH agreed to take the AHS lead on examination of the subject.

Bill McMains, the Medical Director for DMH, led a small internal committee through five meetings in the summer of 2008 to collect and examine what we know about the subject through existing data sources. Working closely with John Pandiani, Vermont Department of Health's Chief of Research and Statistics, and staff in AHS departments

and the Department of Education, there is now a clearer understanding of what information is collected by whom. This smaller group will continue to meet to support the work of this new workgroup. An additional workgroup may be formed to address related issues for other populations.

Charlie Biss, the Director of DMH's Child, Adolescent, and Family Unit, is convening this workgroup. The intent is to seek advice about the questions which should be asked and answered to assure that Vermont's system of care for children and adolescents with significant mental health issues provides access to effective care in an efficient manner. This workgroup's meetings are structured as a series of conversations. The primary task is to formulate the questions and to begin answering them through data.

The list of questions generated by the workgroup can be found on the DMH website at http://healthvermont.gov/mh/boards/MedicationsWorkgroup.aspx and participants are encouraged to review them and suggest additions, refinements, and deletions. The workgroup's informed conversations may conclude with recommendations on policy for Vermont's system of care for its children and adolescents.

FUTURES PROJECT

Consultation Group Discusses Experience of Consumers in Crisis

At the last Consultation Group meeting the participants group discussed their experiences in getting help during crises. The specific questions addressed were: (1) When you're in crisis what helps, what hurts, what could make things better? (2) What is important for the service provider to know about you or your family member? (3) How can peers be most helpful? (4) What is it like leaving the hospital to go home or to a community residence? (5) What had the most impact when you or a member of your family were undergoing a mental health crisis?

Themes emerging from the discussion included: (1) The need for Emergency Room Clinicians to have enough time to spend with the individual to learn the history and adequately assess the seriousness of the situation. This was related to the need for ER personnel to be better informed about mental illness and psychotropic medications. (2) The need for quicker access to trained therapists in the community--- a 10 week wait to be seen is not uncommon. (3) The need to have support early on to avoid escalation to a full blown crisis (e.g., peer counseling, greater use of respite / crisis beds to prevent hospitalization). (4) The need for treatment plans that are current and WRAP plans that are sufficiently specific to be truly helpful. Related to this is the need for discharge plans that address what to do if things go wrong. (5) The need for more and graduated community supports geared to the individual's stage of recovery. Currently most services are targeted on the most seriously ill with few resources available for the person who requires ongoing support to continue to rebuild his or her life. "Graduating from the system" raises fear that one will not be able to manage this chronic illness on one's own, for example, in managing upsets so they do not become crises. (6) The need for peers and professionals to better understand how they may work effectively together, and more peer counselors available in the ER and crisis programs. (7) Integration of primary care with mental health services works. Having the PCP call the Emergency Room physician results in a more efficient, effective and empathic response to the person who is in crisis.

Legislative and Stakeholder Leaders Briefing

Legislators and Advocates were briefed by the administration on the status of plans to replace the functions of the Vermont State Hospital (VSH) with a comprehensive continuum of mental health services. DMH Commissioner Michael Hartman began the meeting by reviewing the progress on developing new community programs and identifying the remaining capacities that need to be developed. The proposal for a 15 bed secure residential recovery program on the Waterbury Campus and potential options for the remaining 25 – 30 acute inpatient beds were discussed in detail.

Negotiations are now in process between Rutland Regional Medical Center (RRMC) and DMH to develop 12 VSH-level beds at RRMC as part of the hospital's plan to expand its psychiatric unit to 25 – 28 beds.

Commissioner Hartman noted that the construction of the proposed inpatient facility at RRMC would then leave approximately 16 – 20 acute care inpatient beds to be developed in the reorganized system. Current thinking is that in the near term a recertified VSH could provide this capacity. Over-flow agreements (currently in place) with the Brattleboro Retreat could provide system elasticity. Longer term solutions might be to develop inpatient beds (after 2015) with Fletcher Allen HealthCare as part of its master facility plan, or in partnership with another hospital.

Architecture Plus, BGS consulting architects presented site plans, floor sketches, cost estimates and architectural criteria pros and cons for options for the 15 bed secure residential recovery facility. These are: (1) new construction with single bed and bath; (2) new construction with shared baths; (3) renovation of Brooks Ground and 1st floor; (4) renovation of Brooks 1st and 2nd floor; and (5) renovation of Dale Building.

The summary handout is posted
http://healthvermont.gov/mh/futures/documents/11-24-08briefing.pdf

Transformation Council Members Discuss Budget on November 24th

Commissioner Michael Hartman briefed representatives of more than a dozen organizations, advocates, and consumers on the depth of the State's financial problem over the next two years. As of that date, revenue shortfalls between $60 and $100 million were anticipated. The Agency of Human Services is analyzing different scenarios. Budget reductions will have to be managed across state government, including DMH. In mental health, cuts around the margins have been made already, so additional cuts will affect services. The unfortunate reality is that current expenditures exceed available resources. Delay in making budget adjustments, as difficult as it is, would only result in even deeper reductions.

Comments and questions reflected the concerns of the mental health community: VSH has made a lot of progress but is still extremely fragile; prevent people from going into the hospital in the first place, and use peer services for crisis intervention. Outpatient services can help prevent people from experiencing more severe forms of illness, and the potential role of federally qualified health centers was also discussed.
The Commissioner asked the Council to think about whether there are changes in services or in how they are delivered, that could mitigate the impact of budget reductions. Could greater collaboration between substance use, mental health, and health allow us to

spend money differently? Everyone was urged to submit suggestions for restructuring services to support people during this extended period of economic hard times.

The Council's December meeting is on Monday, the 22nd, at 2:00 p.m. in Waterbury (Stanley Hall 107).

VERMONT STATE HOSPITAL

Curriculum Committee Disbands

The Curriculum Committee at Vermont State Hospital, which meets quarterly, was intended as a forum for the public to be aware of the education and training programs at Vermont State Hospital and to provide an opportunity for public input. Although well-intended, the meetings have not been well attended by the public. For the last five quarterly meetings, only one member of the public attended one of the meetings.

Since the State Standing Committee for Adult Mental Health is also a public meeting, the proposal was made and accepted that the VSH Education and Training Department will attend and make a report to the Standing Committee twice annually and provide an opportunity at that meeting for public input. Any changes in the frequency of attendance will be at the discretion of the Standing Committee. The Curriculum Committee is discontinued effective December 1, 2008.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 46 as of midnight Tuesday. The average census for the past 45 days was 45.0